

Name
in Full

David H B antle

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Cornersville Bochis County
Town
Date of death 1909 Nov 25 Month Day Age 40 Years
Sex Male Color or Race Negro Birth-place Ind
Occupation Farm laborer Where Residing if not at place of death
Married, Single or Widowed Married Name of Wife or Husband Sarah Warfield
Father's Name Unknown Father's Birthplace Ind -
Mother's Maiden Name Unknown Mother's Birthplace Ind -
Name of person giving Information Jas H Ginnage How related to deceased none

CAUSES OF DEATH

118

PHYSICIAN
OR CORONER

Primary Appendicitis How long 2 weeks
Immediate Peritonitis How long 4 days
Are the name, age, sex, color, date and place correctly given above? yes
Signature of Physician S A Stokes
Address Cornersville Ind
Accident or Suicide



Name
in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Bernard L. Barnes
Town *Barnbridge* County *Sorchester* MARYLAND

Died at *Barnbridge* *Sorchester*

Date of death 190 *9* Month *Nov* Day *4* Age *8* Years Months *9* Days *1*

Sex *Male* Color or Race *White* Birth-place *Seaford Del*

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name *James L Barnes* Father's Birthplace *Port Haven Miss*

Mother's Maiden Name *Addie F. Daskield* Mother's Birthplace *Berlin Md*

Name of person giving Information *James L Barnes* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Appendicitis & general peritonitis* How long *Some days*

Immediate *Septicemia* How long *Some days*

Are the name, age, sex, color, date and place correctly given above? ☒

Signature of Physician *Dr. B. W. Goldsborough* Address _____

Accident or Suicide ☐



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Heister Bishop* Town *Sioux* County *Winchester* MARYLAND

Died at *Sioux*

Date of death 190 *9* Month *Nov* Day *22* Age *65* Years Months Days

Sex *Female* Color or Race *Black* Birth-place *Maryland*

Occupation *House Keeper* Where Residing if not at place of death *Sioux*

Married, Single or Widowed *Widowed* Name of Wife or Husband

Father's Name *William Hopkins* Father's Birthplace *Mo*

Mother's Maiden Name *Anne Johnson* Mother's Birthplace

Name of person giving Information *Jasiah Hopkins* How related to deceased *Brother*

CAUSES OF DEATH

Primary *Chronic Nephritis* How long *Card. Long*

Immediate *Exhaustion* How long *Gradual*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

Address

E. W. Jeff. H. O.
Cambridge, Md.

Accident or Suicide

*Illness*PHYSICIAN
OR CORONER



Name
in
Full

Susan M. Brooks

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at Hopkenville F

Dorchester

Date

of death 1909

Month

November

Day

30

Years

Age 87.

Months

2

Days

4

Sex

Female

Color or
Race

white

Birth-
place

Tayls Island

Occupation

none

Where Residing if not
et place of death

Hopkins Island

Married, Single
or Widowed

widow

Name of Wife or
Husband

William Booge

Father's
Name

Joseph Brooks

Father's
Birthplace

Md

Mother's
Meiden Name

Cary Moore

Mother's
Birthplace

Md

Name of person giving
Information

Robert Booge her son

How related
to deceased

CAUSES OF DEATH

18

Primary

Erysipelas complicated with Nephritis

How long

34 days

Immediate

Pneumonia

How long

About 2 days

Are the name, age, sex, color, date
and place correctly given above?

Ther own

Signature of
Physician

Address

J. L. Commanway M.D.
Hopkinsville, Ky 780

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

11



Name
in
Full

CERTIFICATE OF DEATH

Robert Bryan Jr.

Town

County

MARYLAND

Died at Cambridge

Dorchester

Date

of death

1909

Month

Nov.

Day

4

Years

Age

—

Months

—

Days

13

Sex

Male

Color or
Race

Black

Birth-
place

Md.

Occupation

Child

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Robert Bryan

Father's
Birthplace

Md.

Mother's
Maiden Name

Elsie Elzey

Mother's
Birthplace

Md.

Name of person giving
Information

Elsie Elzey

How related
to deceased

Mother

CAUSES OF DEATH

152

Primary

Hemorrhage from the Umbilicus

How long *Can't say as I only
saw child after it was*
How long *dead.*

Immediate

Exhaustion

Are the name, age, sex, color, date
and place correctly given above?

yes

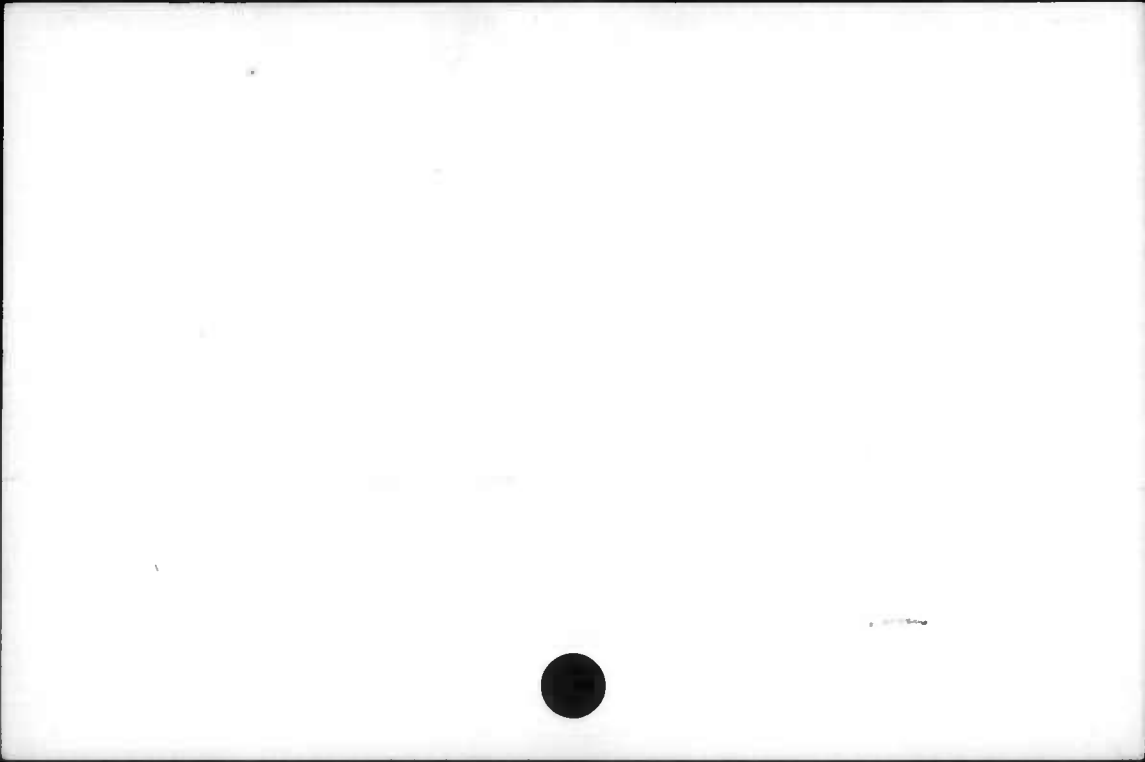
Signature of
Physician

Address

E. E. Woelff, City H. O.
Cambridge, Md.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Erl Cornish

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Salmon Creek</i>		Town <i>Dorchester</i>		County <i>Dorchester</i>		State <i>MARYLAND</i>	
Date of death	<i>1909</i>	Month <i>11</i>	Day <i>19</i>	Age	Years	Months <i>1</i>	Days <i>2 weeks</i>
Sex <i>Male</i>	Color or Race <i>Colord</i>		Birth-place <i>Dorchester</i>				
Occupation			Where Residing if not at place of death				
Married, Single or Widowed			Name of Wife or Husband				
Father's Name <i>Isaac Cornish</i>			Father's Birthplace <i>Dorchester</i>				
Mother's Maiden Name <i>Nellie Lake</i>			Mother's Birthplace				
Name of person giving information <i>Isaac Cornish</i>			How related to deceased <i>father</i>				

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary	<i>unknown</i>	How long	<i>11</i>
Immediate	<i>11</i>	How long	<i>11</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>Frank Jones</i>	
		Address	
		<i>Mr. J. A. Smith Jr.</i>	
Accident or Suicide?			



Name
in Full

Bertha Dean

CERTIFICATE OF DEATH

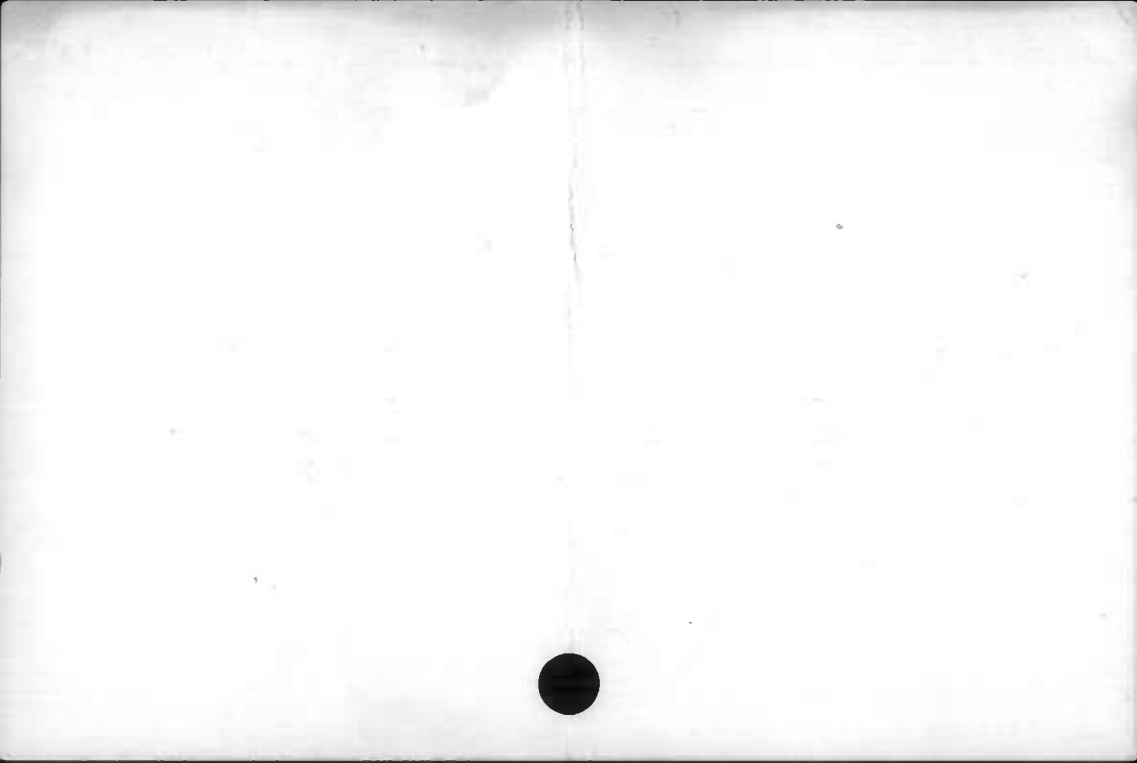
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Cambridge	County Dorchester	MARYLAND	
Date of death	Month	Day	Years	Months	Days
1909	Nov	23	Age 19		
Sex	Color or Race	Birthplace			
Female	White	Wingates			
Occupation	Where Residing if not at place of death				
Factory girl	Wingates				
Married, Single or Widowed	Name of Wife or Husband				
Single					
Father's Name	Father's Birthplace				
Whitney Dean Jr	Wingates				
Mother's Maiden Name	Mother's Birthplace				
Gibbora Parks	Hooper Hill				
Name of person giving Information	How related to deceased				
John Holland	None				

CAUSES OF DEATH

Primary	How long
Immediate	How long
Typhoid Fever	Two weeks
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
Yes, so far as I know	J. M. White
	Address
	Trappo. Dorchester Co. Md
Accident or Suicide	

PHYSICIAN
OR CORONER



Name
in
Full

Ennis.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Cambria Town Dorchester County
Date of death 190 9 Month Nov Day 22 Age 1 Years Months Days
Sex Male Color or Race White Birth-place Cambria Md
Occupation _____ Where Residing if not at place of death _____
Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name John Ennis
Mother's Maiden Name May Legar
Name of person giving Information May Legar

Father's Birthplace Campfield Md
Mother's Birthplace Candine Co Md
How related to deceased Mother

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

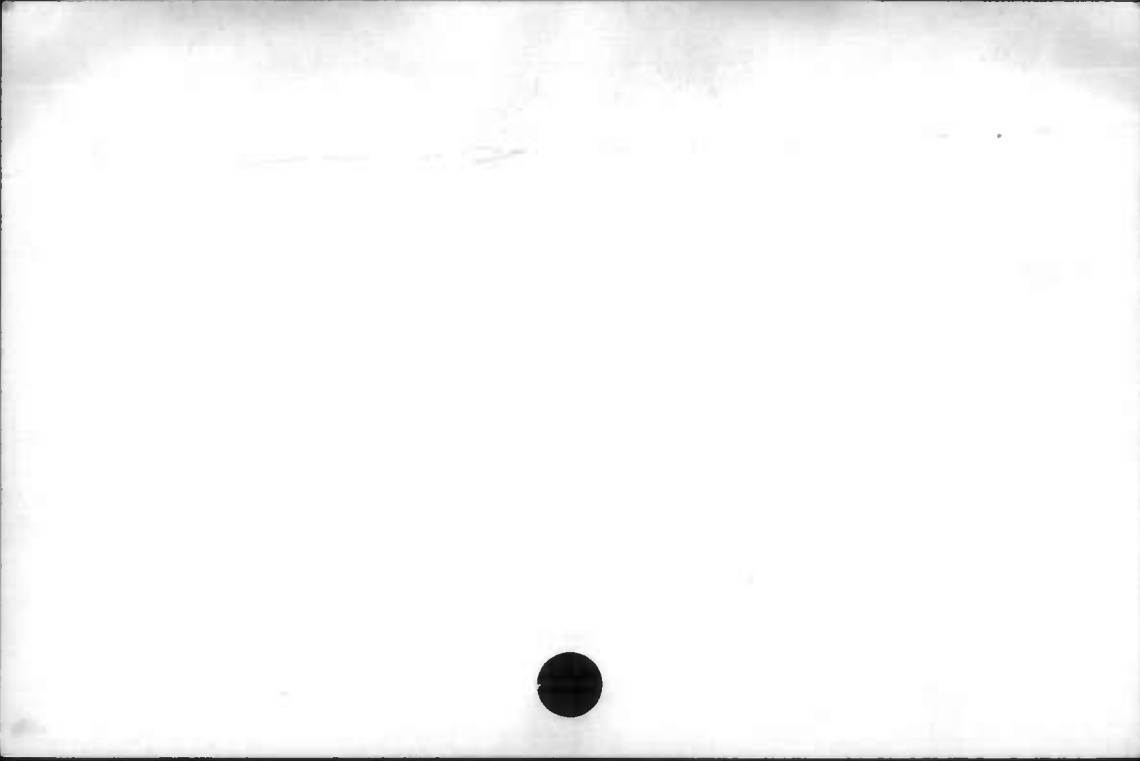
Primary 1
Immediate 1 month baby - fully vitalized
Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician

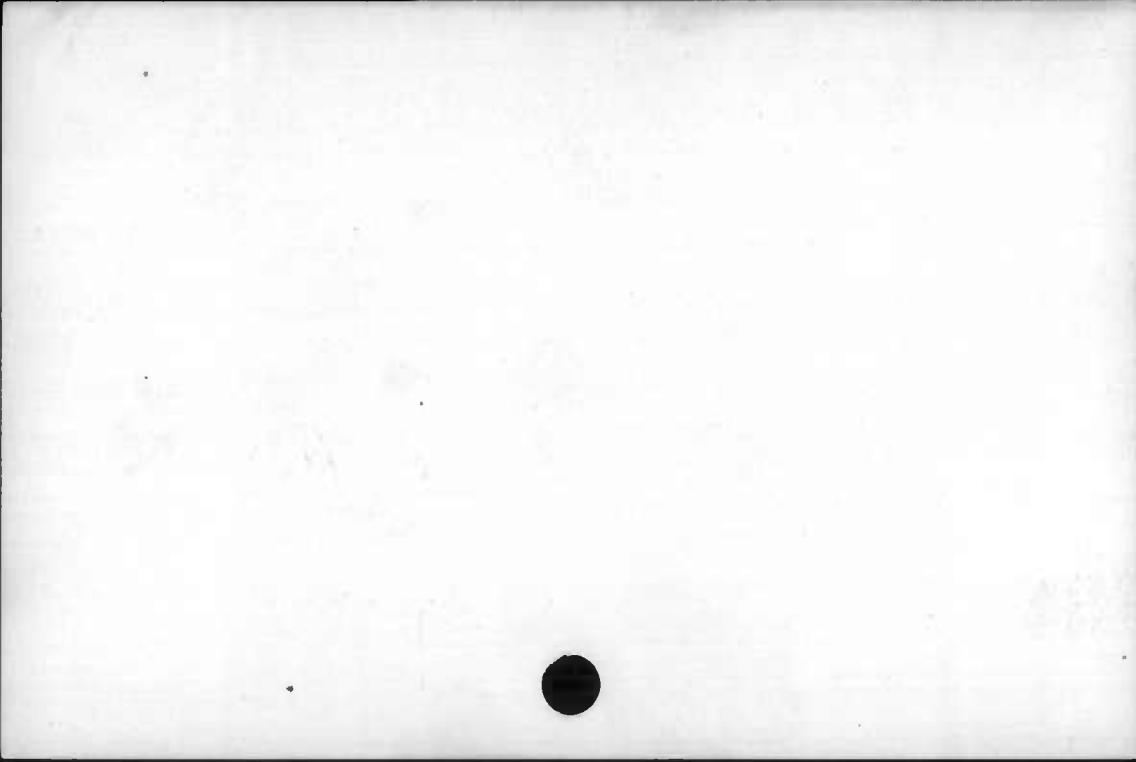
Address

Dr. W. G. Labovitz
Cambria Md

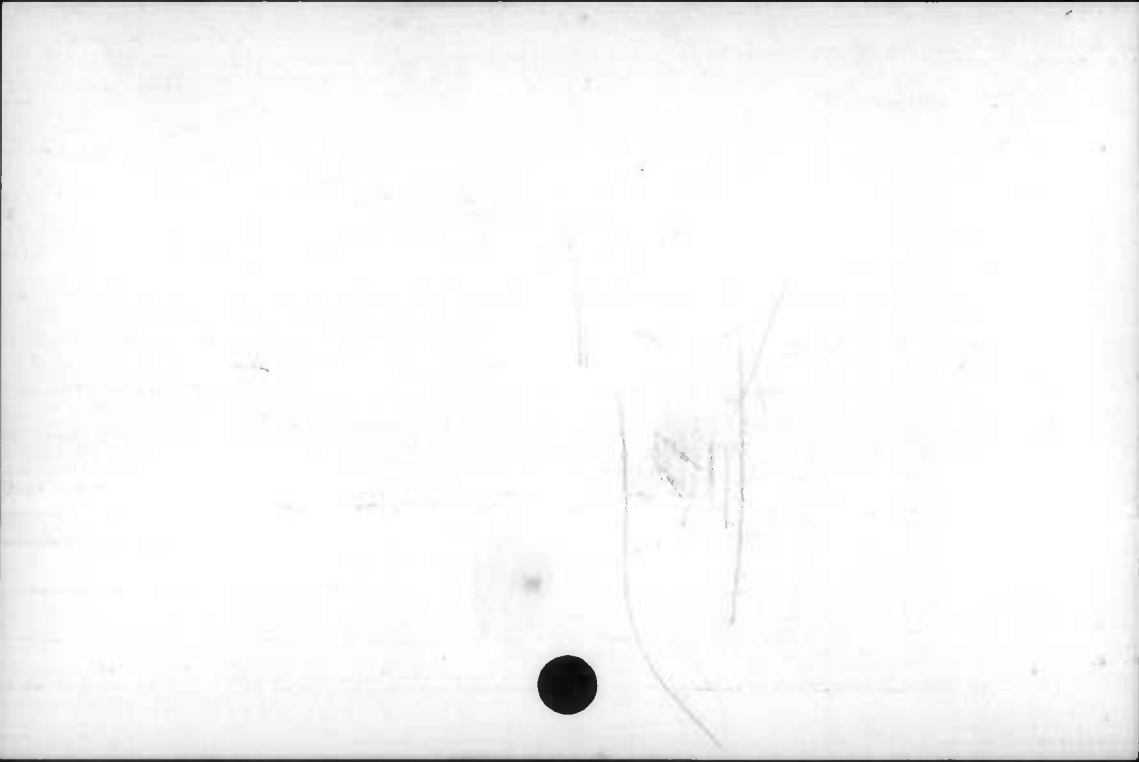
Accident or Suicide



Name in Full		MARGARET ANN HURLEY				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	TOWN Vienna		COUNTY SARASOTA		MARYLAND	
	Date of death	1909	Month Nov	Day 4th	Age 72	Months -	Days -
	Sex	Female		Color or Race	White		Birth-place
	Occupation	Housework		Where Residing if not at place of death		-	
	Married, Single or Widowed	Married		Name of Wife or Husband		Henry Hurley	
	Father's Name	Algie Hurley				Father's Birthplace	Ind.
	Mother's Maiden Name	Mary Ann McAllister				Mother's Birthplace	Ind.
Name of person giving information	Thorogood Hurley				How related to deceased	Son.	
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right;">154</div>							
PHYSICIAN OR CORONER	Primary	Senility				How long	10 days.
	Immediate	Heart Failure				How long	Immediate.
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		
					Address		
				D. H. Blau			
				Vienna Ind.			
Accident or Suicide?							



Name in Full		CERTIFICATE OF DEATH			
Myrtle Jolley		Town		County	
Died at <i>Hurlock</i>				MAYLAND	
Date of death 190	9	Month	16	Day	16
Age		Years		Months	3
Sex	female	Color or Race	black	Birth-place	Dor Co Md
Married, Single or Widowed	Single	Occupation	none		
Name of Wife or Husband	none				
Father's Name	alfred jolley	Father's Birthplace	Dor Co Md		
Mother's Maiden Name	Eunice Johnson	Mother's Birthplace	C Newmarket Md		
Name of person giving information	Eunice jolley	How related to deceased	mother		
CAUSES OF DEATH					
Primary	Morassurus	How long	179	✓	
Immediate	the same	How long			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	G. Roger Myers		
		Address	Hurlock Md		
Accident or Suicide?					



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full *Henry Kennard*

Town *Cambridge* County *Dorchester* MARYLAND

Died at *Cambridge*

Date of death 190 *9* Month *Nov* Day *25* Age *82* Years Months Days

Sex *Male* Color or Race *Black* Birth-place *Maryland*

Occupation *None* Where Residing if not at place of death *Cambridge*

Married, Single or Widowed *Married* Name of Wife or Husband *Linda Kennard*

Father's Name *James Kennard* Father's Birthplace *Maryland*

Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*

Name of person giving Information *Linda Kennard* How related to deceased *Wife*

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary *Cerebral Hemorrhage* How long *8 days*

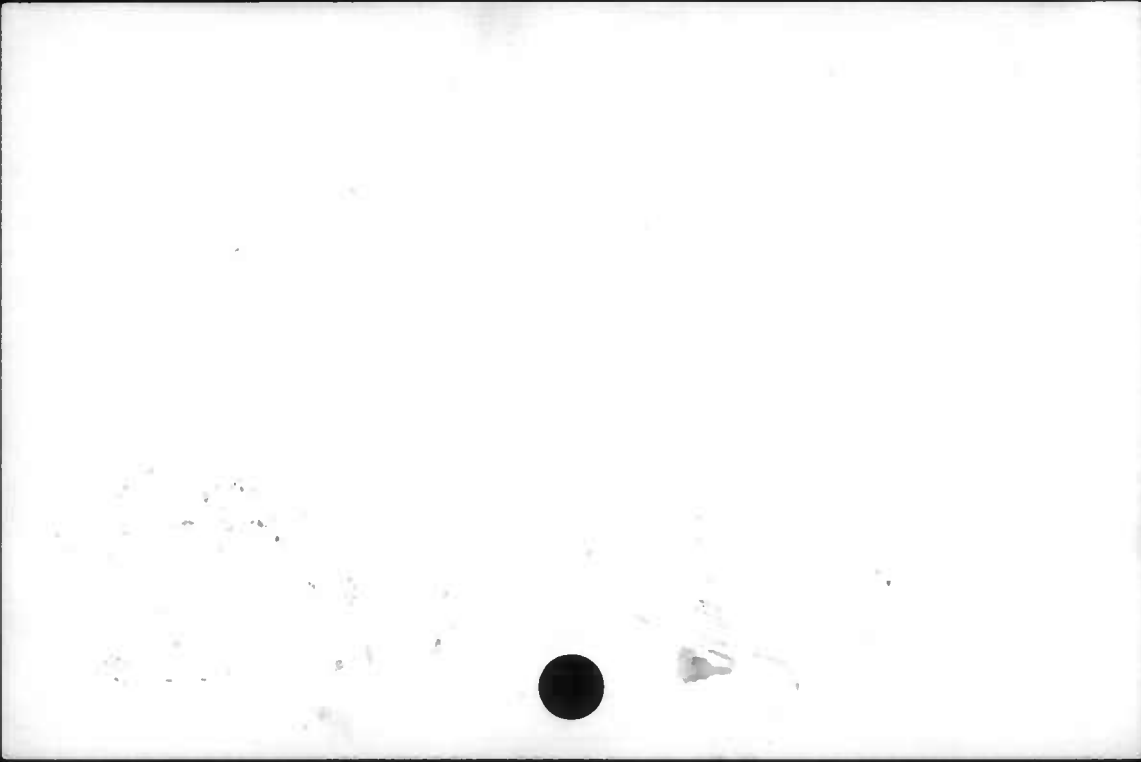
Immediate *Collapse* How long *8 days*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Sister P. Reynolds*

Address *Cambridge Md*

Accident or Suicide *Willis*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

John Henry Mackins

Town

County

Died at

Fishing Creek

Dorchester

MARYLAND

Date

of death 1909

Month

Nov.

Day

20th

Age

Years 65

Months 8

Days 28

Sex

Male

Color or
Race

White

Birth-
place

Dorchester Co.

Occupation

Cannan, Oysterman

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Mary E. Mackins

Father's
Name

Henry Mackins

Father's
Birthplace

Dorchester Co.

Mother's
Maiden Name

Rebecca Hughlatt

Mother's
Birthplace

Dorchester Co.

Name of person giving
In formation

Mrs. Mary E. Mackins

How related
to deceased

Wife

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary

Chronic Parenchymatous Nephritis

How long

No not know

Immediate

Uraemia, Cardiac Failure

How long

Eight days.

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

W. H. Houston, M.D.

Address

Fishing Creek, Md.

Accident or Suicide?



Name
in
Full

Lunana A Milligan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Brookview</u> ^{Town}		<u>West Charles</u> ^{County}		MARYLAND	
Date of death <u>1909 Nov. 15</u>		Month	Day	Age	Years
Sex <u>Female</u>		Color or Race <u>white</u>		Birth-place	<u>MD</u>
Occupation <u>Housework</u>		Where Residing if not at place of death <u>-</u>			
Married, Single or Widowed <u>widow</u>		Name of Wife or Husband <u>Thomas Milligan</u>			
Father's Name <u>Peter Mills</u>		Father's Birthplace <u>MD</u>			
Mother's Maiden Name <u>Rhoda Craft</u>		Mother's Birthplace <u>MD</u>			
Name of person giving Information <u>Dr. Smith</u>		How related to deceased <u>son</u>			

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	<u>Valvular disease of heart</u>	How long	<u>2 months</u>
Immediate	<u>heart</u>	How long	<u>2 months</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>E. J. Maguire</u>	
		Address <u>St. Charles MD</u>	
Accident or Suicide			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

George W. Mills
Town Cambridge County Dorchester

Died at Cambridge Dorchester MARYLAND

Date of death 1909 November 17 Age 42

Sex Male Color or Race White Birth-place Dorchester Co.

Occupation Carpenter Where Residing if not at place of death

Married, Single or Widowed married Name of Wife or Husband Martha Gray

Father's Name George Mills Father's Birthplace Dorchester Co.

Mother's Maiden Name Eliza Jones Mother's Birthplace Dorchester Co.

Name of person giving Information Mrs. Martha Mills How related to deceased wife

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Cause Palmarian Laryngeal Tuberculosis How long Some months

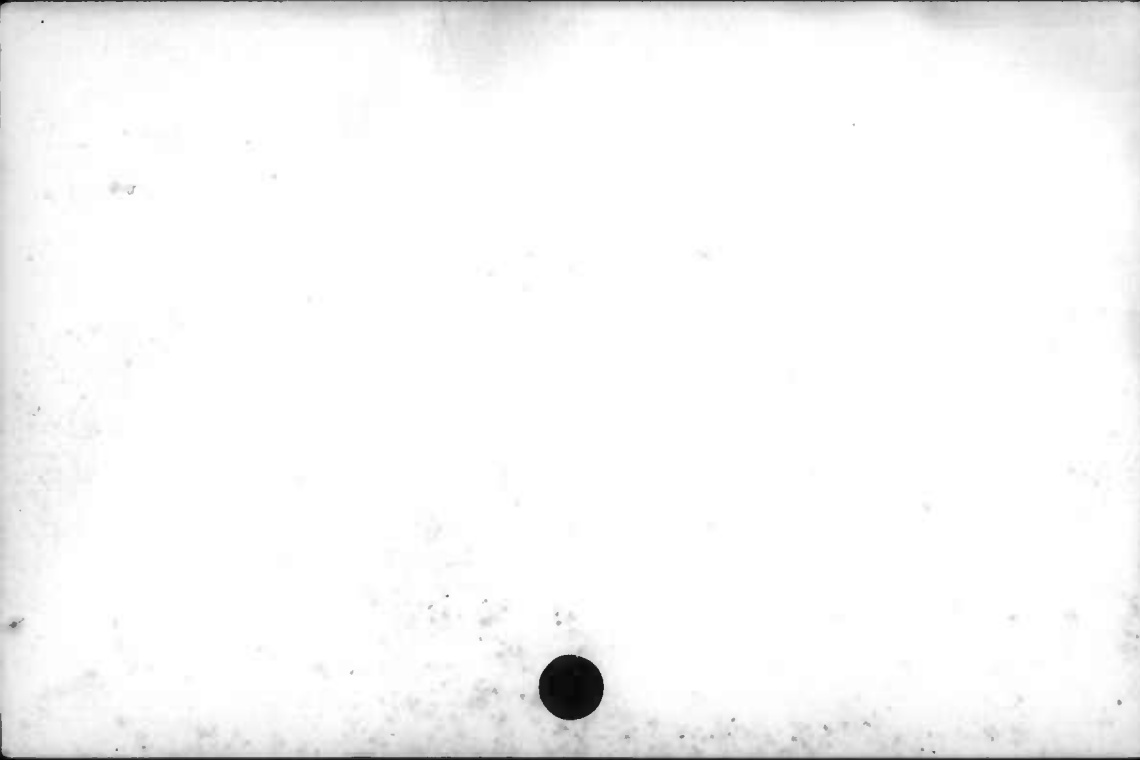
Immediate Cause Exhaustion How long Ten weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Dr. W. G. Gaborous

Address Cambridge, Ma

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

Ferry H. Moore

Died at *Cambridge* Town *Dorchester* County **MARYLAND**

Date of death 190 *9* Month *Nov.* Day *21* Age *66* Months *10* Days *13*

Sex *Male* Color or Race *White* Birth-place *Maryland*

Occupation *Farmer* Where Residing if not at place of death *Cambridge*

Married, Single or Widowed *Widower* Name of Wife or Husband *Martha B. Moore*

Father's Name *Levin R. Moore* Father's Birthplace *Maryland*

Mother's Maiden Name *Nancy Langwell* Mother's Birthplace *"*

Name of person giving Information *Dwight L. Moore* How related to deceased *Son*

CAUSES OF DEATH

112

Primary *Cirrhosis of Liver* How long *Can't say*
Immediate *Exhaustion & Heart Failure* How long *Gradual*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *E. E. Wolff*
Address *Cambridge, Md.*

Accident or Suicide *—*

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Hillis

Name
in
Full

Ann Eliza Smith

CERTIFICATE OF DEATH

Died at ^{Town} Keene's Ditch ^{County} Dorchester MARYLAND

Date of death 1909 ^{Month} Nov ^{Day} 27 ^{Years} Age 49 ^{Months} ^{Days}

Sex Female ^{Color or Race} White ^{Birth-place} Maryland

Occupation Housewife ^{Where Residing if not at place of death} Keene's Ditch

Married, Single or Widowed Single ^{Name of Wife or Husband}

Father's Name Arthur Smith

Father's Birthplace Maryland

Mother's Maiden Name Susan Smith

Mother's Birthplace "

Name of person giving Information Joseph Willey

How related to deceased No relation

CAUSES OF DEATH

Primary Heart failure suffered

How long immediately

Immediate Heart failure

How long immediately

Are the name, age, sex, color, data and place correctly given above?

yes

Signature of Physician

Address

John Mace
Cambridge Md

Accident or Suicide

no

178

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Chana Standley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Armys ^{Town} Borchester Co ^{County} MARYLAND

Date of death 1909 ^{Month} Nov ^{Day} 22 ^{Years} 8 ^{Months} ^{Days}

Sex Female Color or Race Black Birth-place Armys

Occupation School Girl Where Residing if not at place of death Armys

Married, Single or Widowed Single Name of Wife or Husband Single

Father's Name Clarence Standley Father's Birthplace Armys

Mother's Maiden Name Don't know Mother's Birthplace

Name of person giving Information Hannie S Pinker How related to deceased Uncle

CAUSES OF DEATH

27

Primary Consumption

Immediate Exhaustion

How long Don't know

How long 1 week

Are the name, age, sex, color, date and place correctly given above? Y^e

Signature of Physician

Address

Lucy Steele
Cambridge Md.

Accident or Suicida

PHYSICIAN
OR CORONER

G. + H

Name
in
Full

Elizabeth Stanley

CERTIFICATE OF DEATH

Died at ^{Town} Bucktown^{County} Worcester

MARYLAND

Date of death 1909 ^{Month} Apr. ^{Day} 29Age 65 ^{Years}^{Months} —^{Days} —

Sex Female

Color or Race

Blk

Birth-place

Ind.

Occupation

Housework

Where Residing if not at place of death

Married, Single or Widowed

Married

Name of Wife or Husband

Abraham Stanley

Father's Name

Sam Hollis

Father's Birthplace

Worcester

Mother's Maiden Name

Don't Know

Mother's Birthplace

Don't Know

Name of person giving Information

James E. Stanley

How related to deceased

non

CAUSES OF DEATH

Primary

Arterio-Sclerosis

From history as I only saw her after she was dead

How long

Can't say.

Immediate

Paralysis

How long

Few hours

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

E. E. Wolff

Address

Cambridge, Ind.

Accident or Suicide

L+H

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

George Stevenson

CERTIFICATE OF DEATH

Died at <u>Cambridge</u> Town		<u>Dorchester</u> County		MARYLAND	
Date of death	1909	Month	Nov. 2	Day	3
Age		65		Years	
Sex	Male	Color or Race	Colored	Birth-place	Don't Know
Occupation	Sailor		Where Residing if not at place of death		
Married, Single or Widowed	Unknown		Name of Wife or Husband		
Father's Name		Unknown		Father's Birthplace	
Mother's Maiden Name		Unknown		Mother's Birthplace	
Name of person giving information		Hospital Records		How related to deceased	
				None	

CAUSES OF DEATH

120

Primary	Chronic Nephritis & Leukemia	How long	Can't say
Immediate	Uræmia	How long	48 hours
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		E. E. Wolff	
Address		Cambridge, Md	
		L+H	
Accident or Suicide?			

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Tony C. Thomas

Town

County

MARYLAND

Died at

Cambridge Anchester

Date

of death

1909

Month

Nov.

Day

19

Age

Years

30

Months

Days

Sex

Female

Color or
Rece

colored

Birth-
place

Brisfield Md

Occupation

Oyster chucker

Where Residing if not
et place of death

Jamstown Md

Married, Single
or Widowed

Married

Name of Wife or
Husband

William H. Thomas

Father's
Name

Uphur Milburn

Father's
Birthplace

Somerset Co Md

Mother's
Meiden Name

Jennie Adams

Mother's
Birthplace

Brisfield

Name of person giving
Information

Uphur Milburn

How related
to deceased

Father

CAUSES OF DEATH

120

Primary

Chronic Brights Disease

How long

1 y 4 mo

Immediate

Progressive Heart Failure

How long

1 week

Are the name, age, sex, color, date
and place correctly given above?

y/s

Signature of
Physician

Sam Steele

Address

Cambridge Md.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Luther Travis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Madison Town Archester County MARYLAND

Date of death 1909 Month Nov. Day 11 Age 23 Years 1 Months 1 Days 14

Sex Male Color or Race White Birth-place Archester Co

Occupation Farm laborer Where Residing if not at place of death ✓

Married, Single or Widowed Married Name of Wife or Husband Sadie Travis

Father's Name Samuel Travis Father's Birthplace Archester Co

Mother's Maiden Name Susan Travis Mother's Birthplace Archester Co

Name of person giving Information Herman Travis How related to deceased Brother

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary Tuberculosis How long 18 months

Immediate Pneumonia Hemorrhage yes How long 2 hours

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician W. Carroll

Address Cambridge Md

Accident or Suicide



Name in Full Ernest Tubbsman		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at Near Hurlock		County Dir.		MARYLAND
	Date of death 1909	Month 11	Day 25	Age 22	Months 1 Days 19
	Sex male		Color or Race white		Birth-place Dorchester Co.
	Married, Single or Widowed single		Occupation Farmer		
	Name of Wife or Husband none				
	Father's Name L E Tubbsman			Father's Birthplace Golden Hill	
	Mother's Maiden Name A. D. Insley			Mother's Birthplace Golden Hill	
	Name of person giving information Grover Tubbsman			How related to deceased brother	
<div>CAUSES OF DEATH</div> <div>93 ✓</div>					
PHYSICIAN OR CORONER	Primary Pneumonia		How long 3 days		
	Immediate Pneumonia		How long 3 days		
	Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician E. Roger Rogers		
			Address Hurlock Md		
Accident or Suicide?					

Cash on hand
Lester Hunt

A. D. Gossley

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Lilly M. Warrington
 Died at *Carnersville* *Bar.*
 Date of death *1909 Nov 8* Age *8*
 Sex *Female* Color or Race *White* Birth-place *Lloyds. Ind*
 Occupation *Infant* Where Residing if not at place of death *—*
 Married, Single or Widowed *Single* Name of Wife or Husband *none*
 Father's Name *Leon A. Warrington* Father's Birthplace *Easton Ind*
 Mother's Maiden Name *Lilly Marshall* Mother's Birthplace *Cambridge Ind*
 Name of person giving Information *C. Mowbray* How related to deceased *Uncle*

PHYSICIAN
OR CORONER

bladder abscess of neck
 CAUSES OF DEATH
 Primary *Pneumonia* How long *3 weeks*
 Immediate *Bronchitis acute* How long *10 days*
 Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *S. A. Stokes*
 Address *Carnersville Ind*
 Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

Emily Waters

Town

County

MARYLAND

Died at

Cambridge

Dorchester

Date

Month

Day

Years

Months

Days

of death

1909 Nov.

13

Age

-

-

11

Sex

Female

Color or
Race

Colored

Birth-
place

Cambridge Md

Occupation

Wm

Where Residing if not
at place of death

Cambridge

Married, Single
or WidowedName of Wife or
HusbandFather's
Name

Samuel Waters

Father's
Birthplace

Maryland

Mother's
Maiden Name

Josephine Harrow

Mother's
Birthplace

"

Name of person giving
Information

Samuel Waters

How related
to deceased

Father

CAUSES OF DEATH

Primary

Thymia

How long

8 days

Immediate

Convulsions

How long

several hrs

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Sexton P. Reynolds M.D.

Address

Cambridge, Md.

Accident or Suicide

ill

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

119



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

George Agnitus Wilson

Town

County

MARYLAND

Died at Fishing Creek Dorchester

Date

of death

1909

Nov.

Day

24th

Age

Years

67

Months

9

Days

14

Sex

Male

Color or
Race

White

Birth-
place

Dorchester Co

Occupation

Black

Where Residing if not
at place of death

Fishing Creek, Md.

Married, Single
or Widowed

Widowed

Name of Wife or
Husband~~not known~~Father's
Name

Thomas Wilson

Father's
Birthplace

Dorchester Co

Mother's
Meiden Name

Narothy Meekins

Mother's
Birthplace

Dorchester Co

Name of parson giving
Information

Elizabeth B. Meekins

How related
to deceased

daughter

CAUSES OF DEATH

Primery

Chronic Gastritis, influenza

How long

about 1 year.

Immediata

Cardiac Failure

How long

36 hours

Are the name, age, sex, color, data
and place correctly given above?

yes

Signature of
Physician

Address

W. H. Bouatoy
Fishing Creek, Md.

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Luna Wilson

Died at <i>Cambridge</i>		County <i>Dorchester</i>		MARYLAND	
Date of death	Month	Day	Years	Months	Days
<i>1909</i>	<i>Nov</i>	<i>20</i>	<i>35</i>		
Sex <i>Female</i>	Color or Race <i>Black</i>	Birth-place <i>Dorchester</i>			
Occupation <i>House Wife</i>	Where Residing if not at place of death <i>Port Kneck</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Arthur Wilson</i>				
Father's Name <i>Aaron Pinder</i>	Father's Birthplace <i>Dorchester</i>				
Mother's Maiden Name <i>Caddie Mangus</i>	Mother's Birthplace <i>Dorchester</i>				
Name of person giving Information <i>Arthur Wilson</i>	How related to deceased <i>Husband</i>				

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

131

Primary <i>ruptured ovarian cyst.</i>	How long <i>5 months.</i>
Immediate <i>acute nephritis following operation</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yrs</i>	Signature of Physician <i>Wm. Steele</i>
<i>L+H</i>	Address <i>Cambridge Md.</i>
Accident or Suicide	

PHYSICIAN
OR CORONER



Name
in
Full

William Love Wilson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

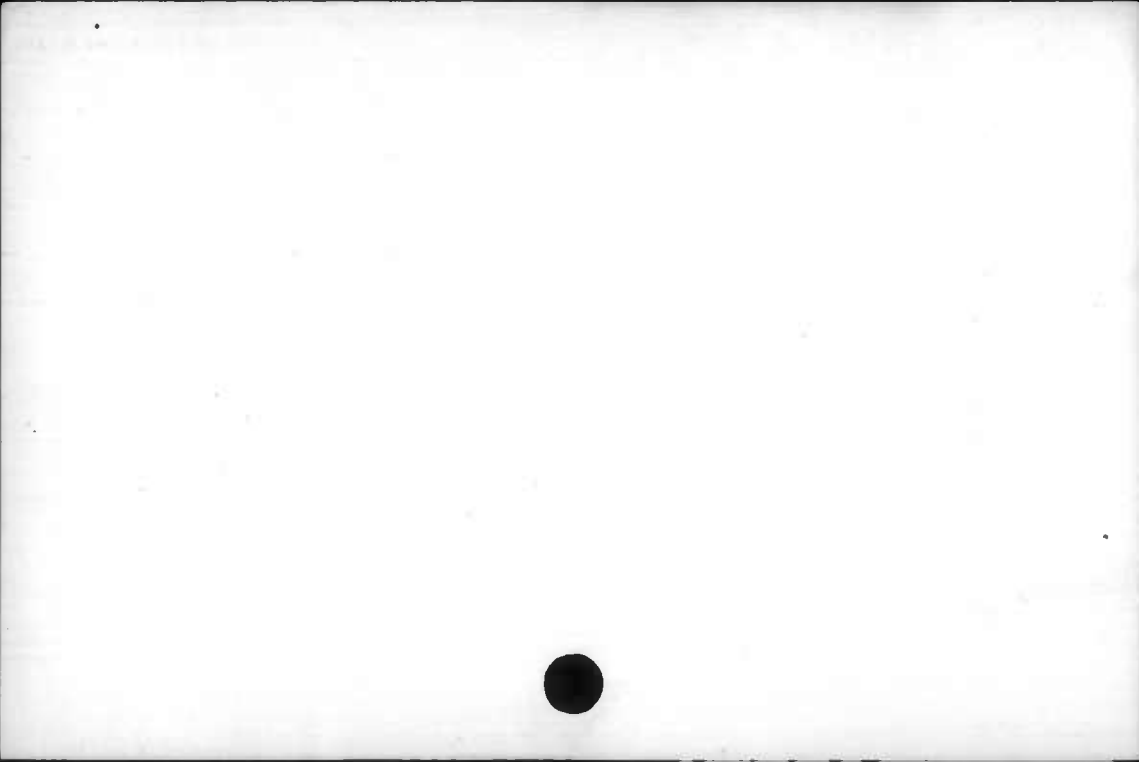
Died at		Town Barnesville		County Borchester		MARYLAND	
Date of death	1909	Month Nov	Day 17	Age Years	1	Months	6
Sex	Male		Color or Race	Negro		Birth- place	Barnesville, Md
Occupation	Infant			Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband none				
Father's Name	William Wilson				Father's Birthplace	Bar. Co Md	
Mother's Maiden Name	Hattie James				Mother's Birthplace	Bar. Co Md	
Name of person giving Information	Wm Ward				How related to deceased	None	

CAUSES OF DEATH

29

PHYSICIAN
OR CORONER

Primary	Tuberculosis probably of mesenteric glands		How long	3 mos.
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	
			Address Barnesville	
Accident or Suicide				



Name
in
Full

Anniv F. Hindson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Kingate</i> ^{Town}		<i>Dorchester</i> ^{County}		MARYLAND	
Date of death <i>1909</i> ^{Month} <i>Nov</i>		<i>13th</i> ^{Day}		<i>10</i> ^{Months} <i>10</i> ^{Days}	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Kingate Md</i>	
Occupation <i>Infant</i>		Where Residing if not at place of death <i>Died at home</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>Not married</i>			
Father's Name <i>William H Hindson</i>		Father's Birthplace <i>Toddville Md</i>			
Mother's Maiden Name <i>Anniv F Adams</i>		Mother's Birthplace <i>Kingate Md</i>			
Name of person giving Information <i>Anniv F Hindson</i>		How related to deceased <i>Mother</i>			

CAUSES OF DEATH

9

PHYSICIAN
OR CORONER

Primary		How long	
Immediate <i>Membranous Croup?</i>		How long <i>3 hours?</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes, so far as I know</i>		Signature of Physician <i>J. M. White</i>	
		Address <i>Esape Dorchester Co. Md</i>	
Accident or Suicide			

From A. J. Kirwan,

Name
in Full

Stella Wooters

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Cambridge

Dorchester

Date

Month

Day

Years

Months

Days

of death

1909 Nov

Age 24

Sex

Female

Color or
Race

White

Birth-
place

Maryland

Occupation

Housewife

Where Residing if not
at place of death

Cambridge "

Married, Single
or Widowed

Married

Name of Wife or
Husband

David Wooters

Father's
Name

Robert Parrott

Father's
Birthplace

Maryland

Mother's
Maiden Name

Lida Parrott

Mother's
Birthplace

"

Name of person giving
Information

David Wooters

How related
to deceased

Husband

CAUSES OF DEATH

132

Primary

Amoebic dysentery with cysts and Peritonitis

How long

Carbony

Immediate

Acute nephritis + typhemia

How long

12 days.

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

Guy Steele
Cambridge Md.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

